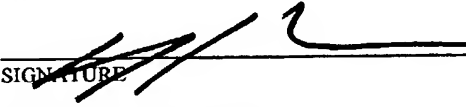


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| FORM PTO-1390 (Modified)<br>(REV 10-95)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>1924                                |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  |   | U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR)<br><b>10/018933</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP 01/04024   | INTERNATIONAL FILING DATE<br>APRIL 7, 2001 | PRIORITY DATE CLAIMED<br>APRIL 19, 2000                 |   |
| TITLE OF INVENTION<br>COSMETIC PREPARATION IN GEL FORM   |  |   |   |
| APPLICANT(S) FOR DO/EO/US<br>Susanne BIRKEL, Juergen ALLWOHN, Harald WENDEL, Michael FRANZKE, Birgit SCHREIBER, Axel KALBFLEISCH   |  |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |   |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</li> <li>4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c) (2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).</li> <li>7. <input type="checkbox"/> A copy of the International Search Report (PCT/ISA/210).</li> <li>8. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> have been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>9. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>10. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</li> <li>11. <input type="checkbox"/> A copy of the International Preliminary Examination Report (PCT/IPEA/409).</li> <li>12. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</li> </ol> |  |   |   |
| Items 13 to 18 below concern document(s) or information included:  |  |   |   |
| <ol style="list-style-type: none"> <li>13. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>14. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>15. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.<br/>A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>16. <input type="checkbox"/> A substitute specification.</li> <li>17. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>18. <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail</li> <li>19. <input type="checkbox"/> Other items or information:</li> </ol>   |  |   |   |
| ET 755324243 U.S.  |  |   |   |

531 Rec'd PCT/ST 19 DEC 2001

|   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
|---|--------------|--|--|--|-----------|-----------------|--|---------------|--|----------------|--|-----------------|--|---------------|--|-------------------|--|---------------|--|-------------------|--|---------------|--|-------------------|--|----------------|--|-------------------|--|-------------------------------|-----------|----------------|-----------|
| U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 1.101)<br><b>10/018933</b>   |              | INTERNATIONAL APPLICATION NO.<br>PCT/EP 01/04024 |  | ATTORNEY'S DOCKET NUMBER<br>1924   |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| 20. The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b><br><input type="checkbox"/> Search Report has been prepared by the EPO or JPO ..... \$930.00<br><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) ..... \$720.00<br><input type="checkbox"/> No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) ..... \$790.00<br><input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$1,070.00<br><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) ..... \$98.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |  |  | <b>CALCULATIONS PTO USE ONLY</b><br><br><br><br><br><br><br><br><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;"><b>\$890.00</b></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;"><b>\$0.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$18.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$160.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$0.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$1,068.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$0.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$1,068.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$0.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$1,068.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$40.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>\$1,108.00</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Amount to be: refunded</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> <tr> <td style="text-align: right;"><b>charged</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> </table> |           | <b>\$890.00</b> |  | <b>\$0.00</b> |  | <b>\$18.00</b> |  | <b>\$160.00</b> |  | <b>\$0.00</b> |  | <b>\$1,068.00</b> |  | <b>\$0.00</b> |  | <b>\$1,068.00</b> |  | <b>\$0.00</b> |  | <b>\$1,068.00</b> |  | <b>\$40.00</b> |  | <b>\$1,108.00</b> |  | <b>Amount to be: refunded</b> | <b>\$</b> | <b>charged</b> | <b>\$</b> |
| <b>\$890.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$0.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$18.00</b>  |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$160.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$0.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$1,068.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$0.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$1,068.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$0.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$1,068.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$40.00</b>  |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>\$1,108.00</b>   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>Amount to be: refunded</b>   | <b>\$</b>    |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>charged</b>  | <b>\$</b>    |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |              |  |  | \$0.00   |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA                                     | RATE   |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Total claims  | 21 - 20 =    | 1  | x \$18.00  | <b>\$18.00</b>   |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Independent claims  | 5 - 3 =      | 2  | x \$80.00  | <b>\$160.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Multiple Dependent Claims (check if applicable). <input type="checkbox"/>   |              |  |  | <b>\$0.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |  |  | <b>\$1,068.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/>  |              |  |  | <b>\$0.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>SUBTOTAL =</b>   |              |  |  | <b>\$1,068.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |              |  |  | <b>\$0.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>TOTAL NATIONAL FEE =</b>   |              |  |  | <b>\$1,068.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input checked="" type="checkbox"/>   |              |  |  | <b>\$40.00</b>   |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>TOTAL FEES ENCLOSED =</b>  |              |  |  | <b>\$1,108.00</b>  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
|   |              |  |  | <b>Amount to be: refunded</b>  | <b>\$</b> |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
|   |              |  |  | <b>charged</b>   | <b>\$</b> |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.<br><br><input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>19-4675</b> in the amount of <b>\$1,108.00</b> to cover the above fees.<br>A duplicate copy of this sheet is enclosed.<br><br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>19-4675</b> A duplicate copy of this sheet is enclosed.   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| SEND ALL CORRESPONDENCE TO:   |              |  |  |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |
| <b>STRIKER, STRIKER &amp; STENBY</b><br><b>103 EAST NECK ROAD</b><br><b>HUNTINGTON, NEW YORK 11743</b>  |              |  | SIGNATURE <br><b>MICHAEL J. STRIKER</b><br>NAME<br><b>27233</b><br>REGISTRATION NUMBER<br><b>DECEMBER 19, 2001</b><br>DATE |  |           |                 |  |               |  |                |  |                 |  |               |  |                   |  |               |  |                   |  |               |  |                   |  |                |  |                   |  |                               |           |                |           |